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REVIEW OF THE UNFPA INTERCOUNTRY PROGRAMME, 2000-2003

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I. OVERVIEW

1. This addendum reviews the UNFPA intercountry programme, 2000-2003, which the Executive Board approved in decision 2000/6. As indicated in table 1, the Board approved a total of $160 million for the intercountry programme, 2000-2003. Of this amount, $142 million was to come from regular funds and $18 million from other resources. Fifty-eight per cent of total resources were to be allocated to the interregional programme and the remaining 42 per cent were to be divided among the four regional programmes, with Africa receiving the largest amount. Reproductive health was to be allocated 49 per cent of total resources; population and development strategies, 28 per cent; and advocacy, 24 per cent, with gender issues cutting across each of the substantive areas.

Table 1: Resource expenditure of the UNFPA intercountry programme, 2000-2003, as of September 2003 (in millions of United States dollars)

Source	Approved	Expenditure
Regular resources	142	127
Other resources	18	71
Total	160	198

2. Although the original substantive and geographical priorities of the intercountry programme were maintained, some shifts from planned expenditures occurred. Core funds were reduced from $142 million to $127 million; however, other resources increased from $18 million to $71 million, due to the generosity of a number of donors, including Finland, Japan, the Netherlands, Norway, Sweden, the United Kingdom and the European Commission (EC). Reproductive health received the bulk of the additional funds. Changes in the external policy environment prompted a reassignment of funds to advocacy activities. UNFPA also received $93 million in trust funds from Canada, the Netherlands and the United Kingdom to address reproductive health commodity security shortfalls.

II. RESULTS ACHIEVED

3. The intercountry programme, 2000-2003, achieved most of its objectives. Both the regional and interregional programmes produced important results for national programmes, supported through country-level activities. The programme achieved a large number of outputs with limited transactional costs. Moreover, the intercountry programme helped to forge new partnerships to support the Programme of Action of the International Conference on Population and Development (ICPD), as well as strengthen and expand existing partnerships, both within and outside the United Nations system. This section reviews some of the main achievements of the intercountry programme. Major constraints and lessons learned are discussed in section III.

A. Reproductive health

4. The intercountry programme supported a broad range of initiatives to promote improved access to high-quality reproductive health care in the areas of: (a) adolescent sexual and reproductive health; (b) preventing HIV infection; (c) reducing maternal mortality and morbidity; (d) improving research capacity in human reproduction; (e) increasing access to contraception; and (f) humanitarian assistance. In addition, the programme initiated an analysis of the influence of culture on reproductive health behaviour.

5. Adolescent sexual and reproductive health. Conceptual and operational issues in adolescent

sexual and reproductive health received a major boost from the intercountry programme, 2000-2003. The research and exchange of information helped UNFPA redefine and refocus its approach. UNFPA is now moving from a more traditional approach centred on sexual and reproductive health education and services towards a more comprehensive, developmental approach based on the real-life needs of adolescents. For example, the African Youth Alliance is integrating adolescent sexual and reproductive health into livelihood programmes in several African countries.

6. The intercountry programme systematized lessons learned and good practices. Projects reflected greater emphasis on policy development in the following areas: (a) empowering youth; (b) gender equity and equality; (c) life skills education; (d) behavioural change interventions; (e) capacity-building; (f) peer education and youth-friendly service delivery; and (g) strategies for vulnerable groups. In Asia, a project executed by the Japanese Organization for International Cooperation in Family Planning (JOICFP) undertook research on adolescent sexual and reproductive health behaviour, organized intercountry training and pilot tested adolescent sexual and reproductive health models in Malaysia, Nepal and Sri Lanka. Another JOICFP-executed project strengthened and institutionalized operational strategies for information, education and communication (IEC) and advocacy; at the country level, it reviewed, compiled and developed model IEC/advocacy strategies and tools for reproductive health.

7. To ensure a favourable environment for adolescent sexual and reproductive health activities, the intercountry programme focused on strategies at the community level that involved parents, traditional leaders and other adults. Efforts centred on building partnerships, including with other United Nations agencies. In Asia, community-based sensitization efforts with religious leaders, teachers and parents encouraged more discussion of issues and led to greater support for projects. In Latin America, the programme achieved political and financial commitments from municipal authorities for adolescent sexual and reproductive health programmes through training and advocacy involving adults and parents.

8. In the Arab States and Europe, the programme promoted peer-based approaches to reproductive health for youth in seven countries through the network of boy scouts and girl guides. A large network was created to disseminate standard messages and techniques among regional institutions active in peer education and services. In Africa, community-based behaviour change communication programmes and materials were developed with the participation of community members, to reflect the unique situation of each community. This approach promoted the empowerment of women and youth and community-wide discussions on community development issues. In addition, an African youth network was established to exchange information on best practices and lessons learned on adolescent sexual and reproductive health and HIV/AIDS issues.

9. Preventing HIV infection. Under the intercountry programme, UNFPA made major strides in addressing HIV/AIDS and in defining the Fund's primary role in this area. UNFPA will emphasize prevention efforts and build linkages between prevention and reproductive health programmes. The intercountry programme strengthened institutional capacity at headquarters and in the field through training and learning programmes, technical and programmatic tools, and strategic guidance. It gave special emphasis to vulnerable groups, including those in humanitarian crises.

10. Advocacy, partnership and programmatic tools were primary outputs in HIV prevention. Support to interagency mechanisms, including co-sponsorship of the Joint United Nations Programme on HIV/AIDS (UNAIDS); partnerships with the Population Council, the Program for Appropriate Technology in Health, the International Planned Parenthood Federation, the Margaret Sanger Center

International and EngenderHealth, and alliances with the EC, the Organization of the Petroleum Exporting Countries and the African Youth Alliance generated important contributions.

11. UNFPA has been a driving force in protecting pregnant women from HIV infection as part of efforts to prevent mother-to-child transmission. UNFPA also emphasized the critical role of young people in prevention efforts and the need to address users' needs and perceptions in condom programming. The provision of data on resource flows for HIV/AIDS, communication strategies and HIV prevention in humanitarian response settings have also been key interventions of the intercountry programme. UNFPA was designated as the UNAIDS convening agency for young people and for condom programming to prevent HIV, which reflects the Fund's leadership in these areas.

12. HIV prevention efforts were also integrated into adolescent sexual and reproductive health and advocacy programmes through the regional programmes. In Africa, UNFPA worked with the African Youth Alliance in partnership with governments, non-governmental organizations (NGOs) and the private sector to provide young people with skills, information and services needed to prevent HIV infection. The interagency joint advocacy initiative, which enlists African leaders and generates financial support in the fight against HIV/AIDS, was created. In Asia, HIV/AIDS issues were integrated into reproductive health education in four countries through the EC/UNFPA Initiative for Reproductive Health in Asia. In Eastern Europe, UNFPA promoted a comprehensive response to reduce the vulnerability of young people to HIV/AIDS and to empower them to combat the epidemic. This effort has improved communication networks and peer education programmes throughout the region, through means such as the youth peer education electronic resource network.

13. In the Latin America and Caribbean region, a comprehensive development strategy was designed and adolescent sexual and reproductive health initiatives were incorporated into interventions related to HIV/AIDS. A regional strategy was also designed to provide leverage for HIV/AIDS interventions. Innovative approaches, such as engaging human rights institutes to advance HIV/AIDS legislation and working with the armed forces to promote male responsibility, resulted in strengthened partnerships.

14. Reducing maternal mortality and morbidity. In cooperation with a coalition of partners, the intercountry programme successfully broadened and operationalized efforts to reduce maternal mortality and morbidity. The focus was on the provision of emergency obstetric care. Pilot projects were undertaken in several countries to identify the best strategy to deliver such care. An encouraging result was the integration of emergency obstetric care into various national programmes, using national resources and external funds.

15. In the Latin America and Caribbean region, an interagency task force, consisting of UNFPA, the Pan American Health Organization (PAHO)/World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the World Bank and the Inter-American Development Bank, identified key interventions to reduce maternal mortality and produced a common regional strategy. In the Arab States, the Pan Arab Project for Family Health (PAPFAM), a multi-country family health survey, provided a set of essential indicators. The indicators enabled ministries of health and other institutions to monitor national goals and plans to improve reproductive health services and child health. National teams, supported by UNFPA and the Arab Gulf Programme for United Nations Development Organizations, conducted the surveys, which also collected data on young people's health, community support and gender perspectives.

16. The intercountry programme provided support to eradicate obstetric fistula through prevention, treatment and social reintegration of fistula survivors. Ten countries in Africa conducted needs assessments, repaired obstetric fistula, created awareness and developed national action plans. A network was established to link experts, some of whom had been working in isolation for decades. For the first time, fistula problems gained large-scale visibility and support.

17. The prevention of gender-based violence was another focus of the programme. Efforts centred on training service providers to deal with gender-based violence. The programme designed monitoring tools to assess the effectiveness of responses by health providers and education tools to prevent gender-based violence. In the Latin America and Caribbean region, an interagency task force developed a regional strategy for mortality reduction and comprehensive care to victims of sexual violence. In the Arab States, a regional initiative incorporated a gender, rights-based dimension into local planning and health initiatives through research, training, IEC and advocacy activities.

18. Improving research capacity in human reproduction. The human reproduction programme, a major initiative supported by the intercountry programme and executed by WHO, sought to improve research capacity in human reproduction. An external evaluation of the programme found that it had made significant contributions. For instance, the number of countries that approved the use of emergency contraception rose, from 3 in 1995, to 96 in 2002, largely as a result of the programme's ability to influence policy and service-delivery practices. Research on the effectiveness and safety of contraceptives, such as copper-bearing intrauterine devices, led to changes in practices and to improved contraceptive performance. Moreover, the programme continued to maintain an impressive global research network, supporting 123 centres in 59 countries, mostly in developing regions.

19. Improving the coverage and quality of reproductive health services, including increasing access to contraception. The intercountry programme promoted accessibility to modern and inexpensive contraceptives through research in product development and through guidelines for service providers. High-quality reproductive health supplies were made available on a large scale through reproductive health commodity security initiatives. The programme also undertook collaborative efforts at the international level to increase the supply of modern contraceptives. UNFPA supported the Population Council in developing affordable contraceptive methods and WHO in developing eligibility criteria for contraceptive methods and in disseminating recommendations for contraceptive use. In implementing its reproductive health commodity security strategy, UNFPA worked closely with other development partners as well as with country offices and CSTs in capacity development, advocacy and resource mobilization. The work in this area influenced policy dialogue and helped countries address issues of sustainability.

20. In line with the new strategic direction of UNFPA, the intercountry programme undertook various activities to develop the Fund's capacity in sector-wide approaches (SWAps) and poverty reduction strategy papers (PRSPs). The intercountry programme launched a training course in conjunction with the World Bank Institute and conducted an in-depth review of four countries' experiences in SWAps. It also produced materials and tools on costing reproductive health services and a self-learning module. The programme improved the Fund's capacity to introduce reproductive health concerns into health sector reforms.

21. The intercountry programme supported the development of an innovative interagency strategy to assist women in making informed reproductive health decisions and to improve their ability to demand high-quality reproductive health services. In close collaboration with the International Labour

Organization's STEP (strategies and tools against social exclusion and poverty) programme, UNICEF and WHO, UNFPA carried out this community-level project in six countries. It promoted a participatory approach, local capacity-building and accountability within a rights-based framework. It also supported policy dialogue to define the best approach to address quality-of-care issues. Programme and policy guidelines were developed, based on country-level experiences.

22. In the Latin America and Caribbean region, UNFPA is spearheading, in cooperation with the World Bank and PAHO/WHO, a regional strategy to integrate reproductive health components into health sector reforms. In Asia, the International Council on Management of Population Programmes executed a project to strengthen NGO capacity in India, the Lao People's Democratic Republic and Pakistan. A partner NGO was identified in each of these countries to implement reproductive health interventions, utilizing a participatory and community-based approach.

23. Humanitarian assistance. A critical component of the intercountry programme was assistance provided to emergency and post-conflict situations. The intercountry programme provided direct humanitarian assistance and also integrated issues related to reproductive health, gender and population into the humanitarian and rehabilitation efforts of the international community, local authorities and civil society. Resources were used to support country offices, enable rapid responses and provide technical and operational backstopping to humanitarian and post-conflict programmes. The programme conducted needs assessments in sexual and reproductive health, emphasizing the needs of adolescents. It also provided training for country offices to deliver services in crisis situations and distributed emergency reproductive health kits. Principal beneficiary countries included Afghanistan, Burundi, Colombia, Eritrea, Iraq, Kosovo, Liberia, Rwanda, Sierra Leone, Somalia, Sudan and Timor-Leste. In Africa, a partnership for peace-building efforts involving women was established with the Mano River Union countries (Guinea, Liberia and Sierra Leone).

B. Population and development strategies

24. In order to increase commitment for the integration of population and development issues, UNFPA promoted awareness, both within and outside the United Nations system, of the complex linkages between population and poverty. Global dialogue, training workshops and publications helped to increase understanding of these linkages and their relationship to reproductive health, gender and sustainable development issues. The programme reinforced the capacity of UNFPA country offices to contribute to common country assessments, United Nations Development Assistance Frameworks, Millennium Development Goals (MDGs) and PRSPs. As part of the ten-year anniversary of ICPD, a field inquiry on experiences in implementing the ICPD was carried out in 151 countries.

25. In the area of data, indicators, information systems and research, the Southern African Development Community census project helped to harmonize census methodologies for the countries of that region. Partnerships with the United States Bureau of the Census, the Canadian International Development Agency, the World Bank, the United States Agency for International Development and the Partnership in Statistics for Development in the 21st Century (PARIS 21) were instrumental in this undertaking. The Latin America and Caribbean region supported the regional women's health network in developing an indicator system for civil society to track implementation of the ICPD Programme of Action. This provided effective monitoring instruments and promoted government accountability.

26. As leader of the census task team of PARIS 21, and in partnership with the Statistics Division of the United Nations Department of Economic and Social Affairs, UNFPA continued to provide global

leadership for population censuses. The programme emphasized national capacity-building and the use of census data in policy dialogue, especially in relation to national poverty reduction efforts and MDG monitoring. The intercountry programme also supported innovative research on methodologies to contain census costs and devise alternative approaches to conducting censuses. As a result, the programme published three manuals for use by statistical offices and census bureaux in developing countries. The programme also provided financial and technical resources for training, meetings and capacity-building in statistics at the regional level.

27. The Asia and the Pacific Division and the Technical Support Division of UNFPA, in collaboration with the Nihon University Population Research Institute, organized a regional workshop on health expectancy. It encouraged the collection of longitudinal data in developing countries in order to facilitate better monitoring of national health and to improve the quality of life. It also trained researchers from developing countries to deal with aspects of health expectancy using cross-sectional and longitudinal data. Another focus of the intercountry programme was to provide support to identify indicators to monitor gender mainstreaming. UNFPA, in partnership with the United Nations Economic Commission for Latin America and the Caribbean, designed a system of indicators to monitor ICPD follow-up by governments and to monitor health-related issues in the Beijing Platform for Action.

28. In the Arab States, the intercountry programme established a population policies and information system in the United Nations Economic and Social Commission for Western Asia to monitor ICPD progress in the region. Support provided to the population research division of the League of Arab States was instrumental in obtaining commitments from ministers of health and social affairs for youth, women's empowerment, and reproductive health and rights. It also helped to place complex population issues on national agendas and build a regional consensus. Support to the population activities unit of the United Nations Economic Commission for Europe (ECE) helped maintain a database to monitor ICPD indicators in ECE member countries. Under the coordination of the ECE population activities unit, a consortium of European research institutes analysed the family fertility surveys conducted in the 1990s. The unit also drew attention to the status, aspirations and attitudes of older persons.

29. Working in partnership with institutions such as the International Union for the Scientific Study of Population (IUSSP), the Committee for International Cooperation in National Research in Demography, the International Institute on Ageing and HelpAge International, UNFPA provided inputs for the preparatory processes of United Nations conferences, emphasizing the linkages between population, poverty and gender. For example, UNFPA published *Situation and Voices of the Older Poor and Excluded in South Africa and India* as a contribution to the Second World Assembly on Ageing in Madrid in April 2002. The Fifth Asian and Pacific Population Conference, held in Bangkok in December 2002, issued a plan of action and a strategic direction for future policies and programmes in the region.

30. The intercountry programme supported capacity-building through training initiatives in population and development. For example, UNFPA worked with the Asian Urban Information Center of Kobe to provide training for urban administrators. UNFPA also provided support to the Netherlands Interdisciplinary Demographic Institute to monitor progress towards achieving ICPD financial targets, through data collection of donor and domestic resource flows for population activities and through the publication of an annual report.

31. To promote the integration of population issues into the development agenda, UNFPA organized a number of meetings on population and poverty at headquarters and in the Latin America and Caribbean region. UNFPA also organized or supported several other meetings on gender equality, ageing, migration

and the environment, and supported publications on these issues. In Asia, UNFPA collaborated with IUSSP in organizing a regional population conference to analyse the implications of changing demographic dynamics on the macroeconomic environment in South-East Asia.

32. The intercountry programme developed a conceptual framework to analyse population change in sub-Saharan Africa through the Africa Social Research Programme, a research initiative that examines issues that affect reproductive health and population change in sub-Saharan Africa. The intercountry programme also supported studies on population change and culture, traditional values and other factors affecting HIV infection. These studies strengthened the capacity of research institutions, mobilized community participation and created a culture of evidence-based programming.

C. Advocacy

33. The intercountry programme supported global, corporate and programme advocacy, focusing on global and regional policy makers, legislators and parliamentarians, donors, NGOs, civil society organizations and the media. Advocacy centred on adolescent sexual and reproductive health, gender-based violence, male responsibility, HIV/AIDS, and population and sustainable development. The programme provided assistance for meetings and conferences, such as Beijing+5 and the World Youth Forum. The programme also supported organizations such as The Population Institute and JOICFP as well as the policy dialogues organized by the Society for International Development, which aimed to integrate the ICPD agenda into regional and national policy dialogues.

34. In Africa, parliamentarians held a regional meeting in Benin to promote the integration of population and development into The New Partnership for Africa's Development. The regional programme for Africa developed a computer model to raise awareness of population issues. In Asia, the United Nations Economic and Social Commission for Asia and the Pacific and the United Nations Educational, Scientific and Cultural Organization executed a regional project on population and development, adolescent sexual and reproductive health, and population education.

35. The Latin America and Caribbean region worked with women's bureaux and regional health and rights advocacy groups to promote rights and gender equity and to prevent gender violence. Alliances with the Inter-American Institute of Human Rights and national ombudsmen's offices resulted in the incorporation of reproductive rights in the agendas of these institutions. UNFPA also led the Symposium 2001 interagency initiative on gender violence, health and rights in the Americas. United Nations organizations and NGOs adopted the Symposium's call to action as a principal conceptual and operational reference. The initiative resulted in the design of a standard legislative module on domestic violence and a multisectoral model for victims of gender-based violence. Advocacy materials, training workshops and networking initiatives developed by UNFPA and the Inter-American Parliamentary Group on Population and Development (IAPG) helped parliamentarians in the Americas integrate reproductive health and rights into legislation.

36. To enlist the support of parliamentarians in the Arab States, the intercountry programme focused on consensus-building efforts and joint declarations. National teams in five countries conducted a study of existing legislation on gender-based violence and on adolescents. The results were used to inform parliamentarians about legislative flaws regarding the protection of women and adolescents. The programme also provided advocacy training for ICPD spokespersons.

37. In Asia, the emphasis was on building and sustaining support from parliamentarians, including the enactment of new laws against gender violence in some of the countries of the region and support to international funding efforts for UNFPA. The Asian Population and Development Association also executed two projects to enhance the understanding of Asian parliamentarians of the relationship between domestic and global population issues and sustainable development.

38. In Africa, the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD) produced standard legislation on reproductive health that has already been adopted by some countries. FAAPPD is also developing a legislative framework for HIV/AIDS. With support from the intercountry programme, the United Nations Economic Commission for Africa developed an interactive computer simulation model to illustrate the interactions between population, the environment, socio-economic development and agriculture and to improve understanding of these interactions.

39. The flagship publication of UNFPA, the *State of World Population* report, was prepared annually through support from the intercountry programme. It increased visibility, credibility and support for UNFPA at the global level, strengthened national capacity and built constituencies. The topics addressed were consistent with organizational priorities and addressed important issues in reproductive health and population and development strategies, as well as crosscutting issues. The report was integrated into global and national advocacy efforts, including World Population Day, the annual poster contest, national population reports and the activities of civil society organizations. Advocacy materials targeted lawyers, health-care workers, and population and reproductive health researchers.

40. Each of the regional programmes designed advocacy materials on priority issues. For instance, the regional programme for Africa launched an HIV/AIDS advocacy kit on World Aids Day and distributed indicators on harmful practices. In the Latin America and Caribbean region, a project executed by IAPG supported population and reproductive health initiatives. In Asia, project results were disseminated to parliamentarians and, in the Arab States, a weekly electronic journal providing updated information on population and reproductive health was made available to approximately 2,000 users in Europe and Central Asia.

41. Building constituencies was a primary concern for UNFPA during a time of dwindling resources and organized opposition to sexual and reproductive health, especially during the period leading up to the five-year review of the Beijing Platform for Action (Beijing+5). UNFPA support to women's NGOs advocating reproductive health and rights resulted in a consensus that was incorporated in the Beijing+5 outcome document. Advocacy, particularly in donor countries, involved parliamentarians, UNFPA goodwill ambassadors, journalists, political groups and NGOs. The decision by several European Union countries to increase funding for sexual and reproductive health attests to the success of these efforts.

42. At the global level, UNFPA helped to establish, in collaboration with national, regional and global parliamentary groups, a mechanism for parliamentarians from all regions to meet on a regular basis to monitor progress in fulfilling the ICPD commitments. The International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action (IPCI ICPD), held in Ottawa, Canada, in November 2002, was the first in a series of global parliamentarians' conferences on resource mobilization and the creation of an enabling environment for population and development. IPCI ICPD will be held every two years to ensure follow-up on the commitments made by parliamentarians. As the permanent secretariat for this conference, UNFPA will keep parliamentarians informed of progress on population funding, national laws, and population policies and programmes through an electronic mail LISTSERV.

43. Regional programmes undertook analogous initiatives. The regional programme for Asia focused on parliamentarians and obtained support for national programmes and global activities, while the regional programme for the Arab States and Europe mobilized parliamentarians to support adolescent rights and the elimination of gender-based violence. The Africa regional programme worked with parliamentarians and faith-based organizations to improve policies. A strengthened advocacy role resulted in legislative and policy changes on population issues and reproductive health rights in several African countries. The fourth and fifth conferences of African women ministers and parliamentarians discussed gender and HIV/AIDS. In the Latin America and Caribbean region, the programme strengthened partnerships with parliamentarians and women's health and rights organizations, in an effort to consolidate ICPD advances and counter opposition groups.

III. MAJOR CONSTRAINTS AND LESSONS LEARNED

44. As described in section II, the intercountry programme, 2000-2003, made significant contributions to the ICPD agenda. Notwithstanding these achievements, several reviews and evaluations revealed some shortcomings in the programme. Part of these stemmed from the difficulty in documenting results, while others stemmed from an expansion of project activities. Overall, the intercountry programme covered a large and diverse set of initiatives. It would have been more effective if it had focused on fewer issues.

45. UNFPA was highly successful in fundraising during the intercountry programme. This helped to compensate for reductions in core resources caused by the changing political and economic scenario. On an operational level, however, the influx of non-core funds led to a large quantity of projects, an expansion of paperwork and a high level of UNFPA project execution. It also made linkages between programme levels and substantive areas more difficult to establish and maintain. In addition, linkages between programme levels (interregional, regional and national) were not always clear. Although the programme aimed to make all project results relevant for country programmes, UNFPA country offices and CSTs were not always involved in the design and implementation of projects. This is critical since one of the comparative advantages of UNFPA is the strength of its technical capacity at both country and regional levels.

46. Moreover, the intercountry programme, 2000-2003, was designed before the transition process began at UNFPA. It preceded the adoption of the Fund's strategic direction, which calls for an integrated approach to generate replicable models and strengthen capacity-building to promote the ICPD agenda. Activities within the different programme components were not always developed under a comprehensive framework. Some pilot projects were implemented without clear plans to replicate them. Other projects and activities were not sustainable, because they did not consider issues such as replicability, capacity-building or the use of project results in their design.

47. Similarly, knowledge sharing was at an initial stage in UNFPA at the start of the intercountry programme, 2000-2003. Results were not always disseminated to potential users and there was not enough exchange of results among projects. The exchange of expertise, knowledge and technology from one level to another was an additional concern.

48. The intercountry programme, 2000-2003, was approved at a time when UNFPA was beginning to adopt a results-based approach. Although the Fund tried to formulate a results-based intercountry programme with improved monitoring and evaluation activities, the programme focused more on activities than on results. Furthermore, the expansion of funds, activities and projects did not favour

results-based monitoring. Managing the intercountry programme required more human resources than were available at UNFPA. It required more comprehensive planning, a greater capacity to coordinate interregional, regional and country programmes, and the ability to adjust to an unpredictable funding environment.

49. Several changes will be made in the structure and management of the intercountry programme, 2004-2007, so that it can better support the ICPD agenda. The new programme will take into account evolving country and regional needs, the weaknesses identified above and changes in both the external and internal policy environment.

50. To ensure that intercountry programme activities are relevant to country programmes, UNFPA country offices and CSTs will be involved in the design, implementation, monitoring and evaluation of the interregional and regional programmes. UNFPA country offices will appraise needs, define priorities, identify executing organizations and assess the relevance of the intercountry programme to country needs. UNFPA followed such an approach during the preparatory phase of the intercountry programme, 2004-2007.

51. To improve programme sustainability, the design and implementation of intercountry programme activities must address capacity-building. A recent thematic evaluation stressed the need for UNFPA to update its capacity-building strategy. In accordance with the Fund's commitment to capacity-building, the intercountry programme will include human and organizational capacity-building in each output and will give priority to organizations in developing countries.

52. The intercountry programme, 2004-2007, will also be consistent with the strategic direction of UNFPA, which aims to improve effectiveness in policy dialogue, development frameworks and programming processes. The programme will identify or generate replicable experiences, best practices and lessons learned. Activities will generate support for the ICPD policy agenda in the context of the MDGs and will mobilize resources in each country for that purpose. This overarching concern for the ICPD policy agenda will constitute the framework of the intercountry programme, 2004-2007.

53. Knowledge sharing will be an integral part of the intercountry programme framework, to ensure that lessons learned and best practices are channelled into the system, to be tested and implemented on a larger scale. UNFPA execution of projects will be kept to a minimum. The Fund will appraise the performance of each executing agency prior to assigning additional projects.

54. In view of the diverse activities carried out under the intercountry programme, UNFPA will establish a rigorous management system for planning, implementing and evaluating activities. A focused intercountry programme will permit the identification of clear outputs and better-managed interventions. The intercountry programme requires systematic monitoring and proactive involvement with executing partners. Staffing adjustments will also be factored into the execution of the intercountry programme to ensure its efficient implementation.